

Family PACT: Standards

This section presents the *Family PACT Standards* that are the program framework and parameters for expected provider performance, service delivery and quality improvement.

Family PACT is a family planning and reproductive health clinical services program. The intent of the program is to provide eligible California women and men access to Comprehensive Family Planning Services in order to:

- Establish the timing, number and spacing of their children
- Maintain optimal reproductive health

Comprehensive Family Planning Services are clinical and preventive services with education and counseling services. The services are to be provided in a clinical practice environment that promotes access to care for clients of childbearing age, women up to 55 years of age at risk for pregnancy and men up to 60 years of age at risk for causing pregnancy. Services are designed to promote positive health behaviors, successful family planning practices and overall reproductive health.

Family PACT Standards Described

The *Family PACT Standards* are parameters of quality improvement activities for providers and provider organizations. *Family PACT Standards* serve as the program framework. The seven standards address:

- Informed consent
- Confidentiality
- Linguistic and cultural competence
- Access to care
- Availability of covered services
- Clinical and preventive services
- Education and Counseling (E & C) services

Implementation of Standards

Family PACT Standards are implemented through program policies and procedures. Program operations address:

- Providers and practice settings
- Benefits package core and complication services and codes
- E & C services and codes
- Diagnosis code system
- Method reporting
- Communication with the Medi-Cal program

Note: The *Family PACT Standards* are included in the formal enrollment documents for all providers and associated practitioners. Refer to the *Family PACT: Provider Enrollment [familypact2]* section of this manual for provider participation procedures. Any provider who does not render services consistent with the standards of care may be disenrolled from the program.

Purpose of Standards

The purpose of the *Family PACT Standards* is to set forth the scope, type and quality of care required for the reproductive health and family planning services of this program, and the terms and conditions under which the services will be reimbursed. Adherence to these standards is a requirement for all clinicians enrolled as Family PACT providers and associated practitioners.

Standard	Description
A. Informed Consent	<ol style="list-style-type: none"> 1. Informed consent shall include client participation in the process of eligibility determination and on-site enrollment in the Family PACT Program. <ol style="list-style-type: none"> a) The enrolled Family PACT provider has the responsibility for completion of the Client Eligibility Certificate (DHS 4461) according to program specifications. b) All practitioners shall be knowledgeable about the <i>Family PACT Standards</i> and discuss the Family PACT scope of services with clients. 2. Participation in the Family PACT Program and consent for services shall be voluntary and without coercion to enroll, to accept particular methods or procedures, or to otherwise participate in family planning services. Clients shall be informed of their freedom to withdraw consent at any time. 3. Consent is required only from the individual client receiving family planning services, including minors who have the legal right to self-consent for pregnancy-related services (<i>California Family Code</i> Section 6925, subd.[a], <i>Welfare and Institutions Code</i>, Section 24003, subd.[b]), except as otherwise provided by law. 4. The informed consent process shall be provided to clients verbally in a language the client understands and supplemented with written materials (refer to C.1.). 5. All clients shall sign a consent form for any invasive procedures performed by the practitioner and be told of their freedom to withdraw consent at any time. 6. All clients requesting sterilization shall sign the state sterilization <i>Consent Form</i> (PM 284). The procedure shall take place within the required time frame based on the date of the client's signature. 7. A copy of the California Department of Health Services <i>Family Planning Patient Rights</i> statement shall be provided to all clients or posted in a prominent place at the site of clinical services. (See <i>Attachments A and B</i>.)

Standard	Description
B. Confidentiality	<ol style="list-style-type: none"> 1. All services including the eligibility determination process shall be provided in a manner that respects the privacy and dignity of the individual client. 2. Clients shall be informed of the confidentiality of services and be assured that their identity will not be disclosed without their written permission, except as provided by law. 3. All personal client information shall be treated as privileged communication and held confidential; it shall not be divulged without the client's written consent, except as required by law. 4. Unless otherwise provided by law, client information that does not identify the individual receiving the services may be disclosed in summary, statistical, or other form to the California Department of Health Services, or its designee, and to public health officials.
C. Linguistic and Cultural Competence	<ol style="list-style-type: none"> 1. All services shall be provided in a culturally sensitive manner and communicated in a language understood by the client. 2. All print and audiovisual materials shall be appropriate for the client's language and literacy level.
D. Access to Care	<ol style="list-style-type: none"> 1. All services covered by Family PACT, including on-site laboratory and on-site dispensing of medications, if available, shall be provided without cost to eligible clients. 2. Appointments for clients shall be available within a reasonable time period. Clients who cannot be given timely appointments shall be referred to other Family PACT or Medi-Cal providers in the area. 3. Contraceptive methods and supplies, medications and laboratory tests shall be available at the site of clinical services or by referral to Medi-Cal laboratories and pharmacies. 4. Referrals to local resources shall be made available to clients when needed medical and psychosocial services are beyond the scope of the provider organization including, but not limited to, domestic violence and substance abuse related services. Services beyond the scope of Family PACT are not reimbursable by the program.

Standard	Description
E. Availability of Covered Services	<ol style="list-style-type: none"> 1. All Family PACT approved contraceptive methods including all FDA approved contraceptive methods (see <i>Attachment C</i>) and their applications, fertility awareness methods, and sterilization procedures, as well as limited infertility services consistent with recognized medical practice standards, shall be made available to clients by the practitioner. <ol style="list-style-type: none"> a) At a minimum, the following contraceptive methods shall be provided on-site or by prescription: Oral contraceptives, oral emergency contraceptives, contraceptive injection(s), spermicides, male and female condoms, and Lactation Amenorrhea Method (LAM). b) The following invasive contraceptive procedures and contraceptive methods may be provided on-site or by referral: Contraceptive implant(s), intra-uterine contraceptives; diaphragm, cervical cap, Fertility Awareness Methods (FAM), and female and male sterilizations. 2. If the practitioner lacks the specialized skills to provide invasive contraceptive procedures or sterilization, or there is insufficient volume to ensure and maintain a high skill level, clients shall be referred to another qualified practitioner for these methods/procedures. The enrolled provider shall have an established referral arrangement with the other provider(s) when making referrals for these procedures. 3. A client's selection of contraceptive method(s) shall take into account client preference in conjunction with medical findings. 4. Education and counseling about all options and referral resources whether a pregnancy test is positive or negative, shall be provided in an unbiased manner that allows the client full freedom of choice. 5. Screening, testing and treatment for uncomplicated STIs shall be provided on-site. Clients with complicated STIs may be treated on-site or by referral to a Family PACT or Medi-Cal provider. 6. Screening for cervical cancer by Pap smear shall be provided on-site. Evaluation and treatment of dysplasia may be provided on-site or by referral to a Family PACT or Medi-Cal provider. 7. All services shall be provided to eligible clients without regard to gender, sexual orientation, age (except for sterilization), race, marital status, parity or disability.

Standard	Description
F. Clinical and Preventive Services	<ol style="list-style-type: none"> 1. Family planning and reproductive health clinical preventive services for women and men shall include: <ol style="list-style-type: none"> a) A comprehensive health history with updates at least every 24 months, including health risk factors; a complete family history; personal medical, sexual and contraceptive history; plans for having children; and obstetrical and gynecological history for women. b) A baseline physical exam at the first or a subsequent visit, including: <ol style="list-style-type: none"> i. For women, a breast, external genital and internal pelvic exam ii. For men, a genital exam iii. Subsequent periodic exams as clinically indicated c) Laboratory tests as clinically indicated as part of a decision making process for contraceptive choices. d) Provision of all Family PACT approved contraceptive methods, devices, supplies, and procedures, including female and male sterilization. (See <i>Attachment C</i>) e) Pregnancy test services shall be provided together with required education and counseling services. f) Follow-up care for complications associated with the client's contraceptive method(s) or procedures at no cost to the client.

Standard	Description
F. Clinical and Preventive Services (<i>continued</i>)	<ol style="list-style-type: none"> 2. Prevention and control services for STI/HIV for women and men consistent with Centers for Disease Control and Prevention (CDC) guidelines and recognized medical practice standards shall be provided in conjunction with family planning services and when clinically indicated, and shall include: <ol style="list-style-type: none"> a) Chlamydia test for clients 25 years of age and younger at first visit or with baseline exam and thereafter at appropriate intervals. b) Screening, diagnosis, treatment, and follow-up of STI, including partner management. c) Reporting of STI, as required by California law, to appropriate local public health jurisdictions for contact management, prevention, and control. d) Screening by history, and/or laboratory tests as appropriate, for Hepatitis B, with provision of Hepatitis B immunization series. e) Confidential HIV risk screening, testing, and client-centered counseling of potentially at-risk individuals and referral for treatment. f) Direct referral to anonymous HIV testing services, as requested. 3. Screening for cancers and pre-cancers of the cervix, vagina, vulva, testicles, penis, including periodic Pap smears, and limited diagnosis and treatment of abnormal conditions detected through screening shall be included consistent with recognized medical practice standards.

Standard	Description
F. Clinical and Preventive Services (<i>continued</i>)	<ol style="list-style-type: none"> 4. Limited infertility services for couples which includes: <ol style="list-style-type: none"> a) A history, physical exam, and the reproductive health services described in item F.1, 2, 3 of these standards for clinical and preventive services. b) Fertility awareness counseling and supplies. c) Laboratory services for limited fertility evaluation. 5. Referrals shall be provided to appropriate resources for needed medical and psychosocial services not covered by this program, including management of high-risk conditions and specialty consultation if needed. 6. Medical record documentation shall reflect the clinical rationale for providing, ordering or deferring services provided to clients according to <i>Family PACT Standards</i> including, but not limited to, client assessment, diagnosis, treatment and follow-up. Documentation shall support services claimed for reimbursement.

Standard	Description
G. Education and Counseling Services	<ol style="list-style-type: none"> 1. Family planning and reproductive health education/counseling services for women and men, to promote optimal reproductive health and clarify personal family planning goals shall be client-centered and shall include: <ol style="list-style-type: none"> a) Individual client assessment, and ongoing re-assessment, of the client's reproduction health education and counseling needs, including: <ol style="list-style-type: none"> i. A description of services and clinic procedures, including the female pelvic exam and instructions for breast self-exam; male testicular exam and instructions for testicular self-exam. ii. Reproductive anatomy and physiology, contraceptive method options, and STI/HIV prevention. iii. Preventive health care, nutrition, preconception health, and pregnancy planning. iv. Psychosocial issues, including partner relationship and communication, asset recognition, risk-taking, and decision making. b) Individual education and counseling sessions provided in a way that is understandable to the client and conducted in a manner that facilitates the client's integration of information for the development of positive reproductive health behaviors and supplemented with written materials as needed. c) An explanation of the physical examination, laboratory tests, and recommended treatment options. d) Written information on the scope of program services, how to obtain needed referrals, services for family planning related complications, and where to obtain 24-hour emergency care services. e) The option of including a client's partner in the education/ counseling session, and other services at the client's discretion. f) Information provided in a manner of communication that is sensitive to diverse cultural and socioeconomic factors and the psychosocial aspects of reproductive health.

Standard	Description
G. Education and Counseling Services (<i>continued</i>)	<ol style="list-style-type: none"> 2. Each client shall be provided with adequate information to make an informed choice about family planning methods, including: <ol style="list-style-type: none"> a) A verbal dialogue and written description of all Family PACT approved contraceptive methods, including effectiveness, duration, side effects, complications, medical indications and contraindications, social and physical advantages, and disadvantages. b) A description of the implications and consequences of sterilization procedures, when client desires no future childbearing. c) Specific instructions verbally and in writing for care, use, and possible danger signs for the selected method(s). d) The opportunity for questions concerning procedures or methods and discussion of personal concerns. 3. Each client receiving a pregnancy test shall be provided with information about all options and education and counseling appropriate to the test results in order to make an informed choice as follows: <ol style="list-style-type: none"> a) Clients with positive pregnancy test results shall be given information and referral resources about prenatal care, adoption, and pregnancy termination services. b) Clients with negative pregnancy test results shall be given information and referral resources about family planning services, preconception care, or infertility services as appropriate.

Standard	Description
G. Education and Counseling Services (<i>continued</i>)	<ol style="list-style-type: none">4. All staff persons providing education and counseling shall have and be able to apply knowledge about the psychosocial and medical aspects of reproductive health, principles of behavioral change, and client-centered counseling techniques, including interviewing and communication skills.<ol style="list-style-type: none">a) Practitioners and counselors shall recognize situations where more intensive counseling may be required and make referrals as appropriate.b) Counseling staff shall be under the direction of the enrolled Family PACT provider and supervised by a licensed health care professional.5. Medical record documentation shall reflect the scope of education and counseling services provided to clients according to <i>Family PACT Standards</i>, including, but not limited to, individual client assessment, topics discussed and name and title of counselor. Documentation shall support services claimed for reimbursement.

FAMILY PLANNING PATIENT RIGHTS

Men and women, regardless of race, religion, age, sex, sexual orientation, ethnic and religious background or economic standing have:

- The right to decide whether or not to have children and, if so, to determine their timing and spacing;
- The right to be treated with dignity and respect;
- The right to privacy and confidentiality in all aspects of services;
- The right to adequate and objective education and counseling;
- The right to have all procedures explained and questions answered in language that can be understood;
- The right to know effectiveness, possible side effects, and complications of all contraceptives;
- The right to participate in selecting the contraceptive method(s) to be used;
- The right to know the results and meanings (diagnosis, treatment, prognosis) of all tests and examinations;
- The right to see their records and have them explained;
- The right to know the meaning and implications of all forms they are asked to sign;
- The right to consent to or refuse any contraceptive method, test, examination or treatment.

Participation of any individual in the Family PACT Program is voluntary and free of compulsion or coercion of any kind. If you feel your rights have been violated, please speak to the director of the clinic/health office.

California Department of Health Services, 2001

Attachment A.

PLANIFICACIÓN FAMILIAR DERECHOS DE LOS PACIENTES

Hombres y mujeres, sin importar la raza, religión, edad, sexo, orientación sexual, grupo étnico, formación religiosa y posición económica, tienen:

- El derecho a decidir tener hijos o no y si deciden tenerlos determinar cuándo y cada cuando.
- El derecho a ser tratados con dignidad y respeto.
- El derecho a ser tratados en privado y confidencialmente en todos los servicios que se les proporcionen.
- El derecho a recibir educación y consejos adecuados y objetivos.
- El derecho a la explicación de los procedimientos y a que les sean contestadas sus preguntas con palabras fáciles de entender.
- El derecho a conocer la efectividad, los posibles efectos secundarios y las complicaciones de todos los anticonceptivos.
- El derecho a seleccionar el método anticonceptivo que desee usar.
- El derecho conocer los resultados de todas las pruebas y exámenes practicados, su significado, así como también el diagnóstico, tratamiento y pronóstico.
- El derecho a tener acceso a la revisión de sus expedientes y a que éstos les sean explicados.
- El derecho a conocer el significado y las implicaciones de firmar los formularios que les sean presentados.
- El derecho a aceptar o rechazar cualquier método anticonceptivo, prueba, examen o tratamiento.

La participación de toda persona en el programa de Planificación Familiar Estatal, es voluntaria y libre de coacción de cualquier clase. Si tú crees que tus derechos han sido violados, por favor, habla con el director de la clínica a centro de salud.

Departamento de Servicios de Salud de California, 2001

**FAMILY PACT
APPROVED CONTRACEPTIVE METHODS**

Oral contraceptives

Oral Emergency Contraceptives

Contraceptive Implants

Contraceptive Injections

Intra-Uterine Contraceptives

Diaphragm

Cervical Cap

Spermicides

Male condoms

Female condoms

Fertility Awareness Methods (FAM)

Lactation Amenorrhea Method (LAM)

Male Sterilization

Female Sterilization

California Department of Health Services, Office of Family Planning, 2001

Attachment C.